

Department of Human Services Division of Rehabilitation Services

Home Services Program Annual Report for FY 2020

Program Overview & Background

The Illinois Home Services Program (HSP) was established in December 1979 to prevent the premature or unnecessary institutionalization of individuals with disabilities by providing services in the home that do not exceed the cost of comparable services in a nursing facility. The program promotes an independent living philosophy that emphasizes customer directed services and empowerment. The program's goals support the desires and abilities of individuals with disabilities by enabling them:

- to remain at home rather than in a nursing facility with real choices and options for quality care;
- to retain control over the services they receive; and
- to live self-directed lives that enable them to actively participate at home and in the community.

To achieve these goals, HSP provides person-centered services and supports to eligible persons with disabilities in their homes. Individuals participate in developing their own plan of care which helps to ensure that services address their needs and preferences and allows them to live as independently as possible in an inclusive home and community setting of their choosing. Individuals may live alone or with family or friends in a private residence.

Although the guiding philosophies have remained unchanged, HSP has grown significantly since its origins nearly 40 years ago when, in its first year, the Department of Rehabilitation Services (DRS) provided personal assistant, homemaker and home health services to 1,256 individuals with disabilities through a single home and community-based services (HCBS) waiver and a budget of \$3 million. In FY 2020, 30,360 individuals with disabilities received a greater array of services through one of the program's three HCBS waivers totaling more than \$693 million.

Program Eligibility Determination and Service Planning

Prospective customers, or those representing them, may request services by contacting any one of 42 Division of Rehabilitation offices around the state of which 39 offices house Home Services staff, or they may submit a request via a web-based referral for services on the Department of Human Services (DHS) website at <http://www.dhs.state.il.us>. A counselor or case management representative will assess the individual in his or her home and administer the Determination of Need (DON) tool to determine program eligibility. The tool evaluates an individual's care needs and identifies an individual's available resources for meeting those needs. Based on the results of the DON, a service plan is developed jointly with the customer to address his or her unmet needs with a safe and quality driven personalized mix of services that are also cost-effective.

To be eligible to receive HSP services, an individual must:

- Be under age 60 at time of application unless applying for the HIV/AIDS or Brain Injury Waiver Programs.

- Have a severe disability lasting at least 12 months or for the duration of life.
- Be at imminent risk of nursing facility placement as indicated by receiving a minimum of 29 points on the Determination of Need (DON) eligibility determination tool, with at least 15 points in the “Need for Care” category.
- Require services whose cost will not exceed that of nursing or other health care facility services.
- For customers age 18 or older, have less than \$17,500 in non-exempt personal assets; for customers under age 18, have less than \$35,000 in family assets.
- Apply for Medicaid and cooperate with the application process.
- Be a resident of Illinois and a U.S. Citizen or legal resident.

Additionally, given the multiple Medicaid Waiver programs in Illinois, individuals who are eligible for more than one waiver are evaluated and assisted in making an informed choice as to which waiver most appropriately meets their needs.

Program Services

HSP services are designed to preserve the dignity of individuals with disabilities, as well as to provide options that reflect their personal needs and preferences. Approximately, 98% of HSP customers who received services in FY20 utilized Personal Assistant, Homemaker and/or Home Health services. Other program services are used either alone or as a supplement to these services to address the customers’ unique needs. Brief descriptions of all available services follow below:

Personal Assistant (PA) Services:

Services provided by individuals who are selected, employed, trained and supervised by the customer. These individuals may assist with household tasks, personal care, monitoring to ensure the health and safety of the customer, and incidental health care tasks that do not require independent judgement, with the permission of the customer and/or family. In order to use PA services, the customer or representative must be able to appropriately supervise a PA. This service has a uniform reimbursement rate statewide per a labor agreement with Service Employees International Union (SEIU).

Homemaker Services:

Personal care and household tasks provided by trained and professionally supervised staff employed by homemaker agencies. Instruction and assistance in household management and self-care are also available. This service has a uniform reimbursement rate statewide that is provided under a rate agreement with HSP. Homemaker services are used by customers who are unable to direct a PA, who have not found a PA, or who do not wish to direct a PA.

Home Health Services:

Services prescribed or recommended by a physician or other health care professional provided by a registered or licensed practical nurse, home health aide or certified nurse assistant, or physical, occupational or speech therapist. HSP home health services are beyond the scope of services covered under the Medicaid State Plan or private health insurance. These services

must be provided in the customer's home and may be provided through an agency or by private individuals who are appropriately credentialed. The private individuals who provide this service have a uniform reimbursement rate statewide per a labor agreement with Service Employees International Union (SEIU).

Emergency Home Response:

A signaling device that provides 24-hour emergency alerting coverage for medical, fire or other emergencies. The device may be worn in a variety of ways and may have a variety of mechanisms to signal an emergency need. This service has uniform rates statewide and is provided under a rate agreement with HSP.

Adult Day Care:

The direct care and supervision of customers provided in an inclusive setting outside the home by a community-based organization to promote social, physical and emotional well-being. This service has a uniform reimbursement rate statewide and is provided under a rate agreement with HSP. Transportation to adult day care may also be provided, if needed.

Home-Delivered Meals:

One or more ready-to-eat meals per day which are delivered to the home. This service is provided to individuals who can feed themselves but are unable to prepare a meal and is more cost effective than personal assistant services.

Diagnostic Services:

Medical and functional evaluation services which are used to help determine program eligibility and to develop a service plan. This service is provided only when it is not available under the State Medicaid Plan or other funding source.

Assistive Equipment and Home Modifications:

Devices, equipment and/or home modifications that increase an individual's independence and capability to perform household or personal care tasks safely in the home. Must be able to reduce the need for another service or address a health or safety need.

Respite Services:

Intermittent care for adults and children with disabilities designed to provide caregiver relief for rest, errands, vacations, family crises and emergency situations. Respite services available are personal assistant, homemaker, or home health. Respite is a stand-alone service and may not be received in conjunction with other ongoing services.

Background Screening:

Background screenings, through the Department of Healthcare and Family Services Illinois Medicaid Program Advanced Cloud Technology (IMPACT) program are provided on all Medicaid providers including PAs and agency providers to ensure the safety of the customer and the suitability of the potential employee.

Prescreening:

Prescreening of individuals conducted prior to nursing facility admission to ensure they receive the same minimum DON score required for eligibility for the HSP or the Department on Aging Community Care Program (DoA CCP), and to ensure they are offered the option of receiving home care. The screening of individuals coming from hospitals to nursing facilities is performed for both programs by community-based Case Coordination Units. Prescreening for

individuals under age 60 who are going from home to nursing facility may be conducted by either CCU or HSP staff.

For Brain Injury Waiver customers only

Day Habilitation:

Services provided to persons with brain injuries to assist with the acquisition, retention, or improvement of self-help, socialization and adaptive skills. These services are provided in a community setting separate from the customer's residence.

Pre-Vocational Services:

Services provided to a person with a brain injury that prepare the individual for paid or unpaid employment by teaching concepts such as compliance, attendance, task completion, problem solving and safety.

Supported Employment Services:

Services provided to a person with a brain injury for whom competitive employment is unlikely. These services include intensive ongoing support to enable the person to perform in a paid employment work setting.

Behavioral Services:

Remedial therapy services provided to persons with a brain injury to decrease severe maladaptive behaviors. These services are intended to enable the customer to better manage his or her behavior and therefore be more capable of living independently.

Program Accomplishments in FY 2020

Collective Bargaining Agreement (CBA)

The Home Services Program (HSP) and the Service Employees International Union (SEIU) reached an agreement regarding new and updated HSP policy and rates affecting Individual Providers (IP).

Wage Increases - A schedule of wage increases was established for all non-agency IPs. The schedule includes multiple steps between January 2020 and December 2022. Through the collective bargaining agreement, Personal Assistants will see a pay increase from \$14.00 to \$17.25, Certified Nurse Aides go from \$17.00 to \$20.25, Licensed Practical Nurses go from \$24.00 to \$27.25, and Registered Nurses will see a \$30.75 to \$34.00 pay increase by December 2022.

Overtime Policy - The collective bargaining agreement updated the HSP Overtime (OT) Policy. The previous OT policy capped providers at 45 hours in a work week before the Customer had to apply for an exception. The new policy through the CBA increases the cap to 60 hours in a work week. This new cap will allow Customers and IPs additional freedoms on who works the hours and when they are worked.

Paid Sick Days – If an Individual Provider as two consecutive years of service provision, they are now eligible for paid sick time. Eligible providers earn one hour of paid sick time per 40 hours of regular time worked and can earn up to 16 hours of paid sick time per calendar year.

Background Screening – To increase the Customer's opportunity for personal choice of who they hire as a provider, the Home Services Program will conduct a background screening through the IMPACT enrollment system. Customers will have the opportunity to review some of the less severe findings in the screening and decide whether or not they wish to continue with hiring that provider. More severe findings will be referred to HFS for review and to ensure the safety and choice of the Customer.

Agency Rate Increases

In addition to the collective bargaining rate increases for Individuals Providers, many agency provider rate increases were also implemented during FY20. Homemaker agency rates increased from \$18.29 to \$21.84, Electronic Home Response install rates increased \$5.00 to \$35.00, and Adult Day Service rates also increased from \$9.02 to \$14.30 for hourly rates and transportation rates increased from \$8.30 to \$10.29 per trip.

COVID-19 Pandemic Program Shift

With the onset of the COVID-19 pandemic, the Home Services Program set out to make its predominantly face-to-face program into a virtual program to help ensure the safety of the Customers, Individual Providers and the HSP field staff.

Payment Processing – The Home Services Program ensured Individual Providers received prompt payments by automating communications with the Electronic Visit Verification (EVV) platform. HSP also incorporated the timesheet processes into an electronic format to be able to verify the automated communications with EVV.

Provider enrollment – To expedite the need for new or additional providers to replace IPs that may have been displaced by the pandemic, HSP uploaded an electronic Provided Packet and

stand-alone enrollment forms to the IDHS HSP website. In addition to the electronic packet and with the exceptions provided by the Appendix K approval, HSP was able to accept digitally reproduced signature and electronic submissions to accommodate the need to maintain social distancing and reduce delays with mailing.

Expanded services and service providers – In an effort to minimize visits to an HSP Customer's home, HSP temporarily approved frozen home delivered meals. This exception allows Customers to stock meals and minimize deliveries. To further minimize the number of people in the home, HSP temporarily lifted restrictions on legally responsible providers as service providers and doubled the amount of respite hours for qualified Customers.

Telephonic assessments – To ensure the safety of Customers and HSP Staff, face-to-face assessments and redeterminations of eligibility were shifted to telephonic or virtual formats. This shift required additional follow up on paperwork and records, but ultimately lead to shorter wait times for services and better utilization of an HSP Counselor and Coordinator's time.

In-service Statewide Trainings

In the first half of FY20, over 15 target trainings were conducted to educate new staff, Counselors, Coordinators, Supervisors, and managed care organizations on programmatic policies, procedures, and updates.

For the second half of FY20 and in an effort to take advantage of the shifting of staff schedules and remote work, HSP initiated a large web-based in-service training program. HSP Central office held over 20 training sessions from April to June of 2020. These trainings included comprehensive topics on general HSP, specific areas of eligibility, assessment or case load status', sister agency overviews, external entity overviews, and more.

As always, HSP will continue its quality improvement efforts. The Program regularly reviews its rules, procedures, and training curricula to ensure they reflect the historic mission, purpose and design of the program and that they maintain program integrity. HSP will also continue to collaborate with Program stakeholders seeking process improvements that strive to enhance customers' choice, dignity, safety, and independence in community home-based long-term care.

Historical Program Overview FY 2014 through FY 2020

Category	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Program Administration¹	\$28,557,205	\$28,479,396	\$26,436,486	\$26,149,440	\$26,428,709	\$27,253,782	\$26,299,840
Other Provider Costs & Benefits²	\$34,318,328	\$40,488,167	\$39,528,714	\$41,117,180	\$37,476,698	\$43,190,345	\$50,103,434
Customer Services³	\$498,298,356	\$520,833,708	\$535,275,413	\$539,952,005	\$565,518,444	\$574,786,981	\$616,633,435
Total Spending	\$561,173,889	\$589,801,271	\$601,240,613	\$607,218,625	\$629,423,850	\$645,231,108	\$693,036,709
% Admin to Total Spending	5.09%	4.83%	4.40%	4.31%	4.20%	4.22%	3.79%

Customers Receiving Paid Services	30,413	29,595	29,369	29,388	29,378	32,730	30,360
Total New Customer Service Plans	4,523	4,313	4,774	4,904	5,543	5,089	4,573
Total Customer Applications	6,144	5,927	6,947	6,944	8,277	7,600	7,044

¹ Includes PS & F, Admin Contracts & Expenses ² Includes PA Ins Contribution & PY Costs Rolled into CY ³ Includes Major & Preventive Services, Case Management

Waiver Summary by Year FY17 - FY2020

Waiver	FY17			FY18			FY 19			FY 20		
	# Cust. Served	Ave Mo Cost*	Total Spending	# Cust. Served	Ave Mo Cost*	Total Spending	# Cust. Served	Ave Mo Cost*	Total Spending	# Cust. Served	Ave Mo Cost*	Total Spending
Persons with Disabilities	24,562	\$1,474	\$434,388,182	25,352	\$1,496	\$455,240,686	27,784	\$1,439	\$479,936,694	25,876	\$1,663	\$516,364,995
Persons with Brain Injury	3,265	\$2,022	\$79,233,901	2,763	\$2,055	\$68,149,823	3,541	\$1,966	\$83,581,055	3,268	\$2,177	\$85,366,467
Persons with HIV/AIDS	1,561	\$1,193	\$22,339,793	1,263	\$1,428	\$21,646,025	1,624	\$1,478	\$28,800,758	1,465	\$1,267	\$22,265,780
TOTAL	29,388	\$1,520	\$535,961,876	29,378	\$1,546	\$545,036,533	32,730	\$1,508	\$592,318,508	30,609	\$1,713	\$623,997,241

Note: Excludes prescreening.

Distribution of Services by Waiver FY 2020

Type of Service	TOTAL		BI		HIV/AIDS		General Waiver	
	# Cust.	Total Spending	# Cust.	Total Spending	# Cust.	Total Spending	# Cust.	Total Spending
Individual Provider	28,041	\$584,581,410	2,969	\$76,081,944	1,189	\$20,011,287	23,883	\$584,581,410
Homemaker	2,183	\$31,020,490	289	\$5,667,286	77	\$970,046	1,817	\$31,020,490
Maintenance Home Health	54	\$340,530	8	\$47,981	0	\$0	46	\$340,530
Home-Delivered Meals	724	\$1,826,447	179	\$609,202	15	\$27,555	530	\$1,826,447
Home Remodeling	1,814	\$437,939	28	\$324,034	0	\$0	121	\$1,411,841
Adult Day Care	129	\$404,598	24	\$93,967	0	\$0	105	\$404,598
Assistive Equipment	37	\$138,199	12	\$35,344	1	\$218	79	\$154,200
Electronic Home Response	149	\$1,411,841	322	\$84,196	28	\$6,034	1,464	\$437,939
Brain Injury Services (duplicated count)	92	\$154,200	37	\$138,199	0	\$0	0	\$138,199
Diagnostic Services	1,198	\$46,249	12	\$1,680	2	\$140	101	\$16,240
PA Background Check/Other	114	\$16,240	95	\$3,896	61	\$2,062	1,042	\$46,249
Case Management Services	5,363	\$3,513,653	1,723	\$2,269,422	3,640	\$1,244,230	0	\$3,513,653
Prescreening	1,033	\$105,445	87	\$9,317	38	\$4,208	908	\$105,445
Total (excl. Prescreening only)	30,609	\$623,891,796	3,268	\$85,357,150	1,465	\$22,261,572	25,876	\$516,273,075
Total (with Prescreening)	31,642	\$623,997,242	3,355	\$85,366,467	1,503	\$22,265,780	26,784	\$516,364,995

Summary of Spending by Type Service FY15– FY20

Type of Service	FY 17		FY 18		FY 19		FY 20	
	Customers Served	Total Expenditures	Customers Served	Total Expenditures	Customers Served	Total Expenditures	Customers Served	Total Expenditures
Personal Assistant	25,581	\$483,661,561	25,981	\$492,615,564	27,244	\$545,240,656	28,041	\$584,581,410
Homemaker	3,356	\$35,152,846	2,937	\$36,596,064	2,898	\$37,548,057	2,183	\$31,020,490
Maintenance Home Health	423	\$7,375,609	341	\$6,841,485	149	\$860,548	54	\$340,530
Home-Delivered Meals	1,029	\$2,008,579	888	\$1,902,283	892	\$1,907,043	724	\$1,826,447
Home Remodeling	3,302	\$796,806	2,678	\$709,104	132	\$1,088,860	149	\$1,411,841
Adult Day Care	141	\$998,798	112	\$871,570	213	\$868,203	129	\$404,598
Assistive Equipment	92	\$337,856	51	\$246,045	144	\$261,179	92	\$154,200
Electronic Home Response	16	\$25,405	13	\$59,160	2,753	\$676,933	1,814	\$437,939
Brain Injury Services	94	\$697,547	97	\$838,362	46	\$228,525	37	\$138,199
Diagnostic Services	926	\$38,077	986	\$42,891	201	\$27,397	114	\$16,240
PA Background Check	664	\$15,582	608	\$13,819	1,200	\$47,734	1,198	\$46,249
Case Management	4,044	\$4,230,233	3,398	\$3,688,859	5,873	\$3,444,967	5,363	\$3,513,653
Prescreening	16,922	\$1,542,762	14,954	\$1,385,104	1,164	\$118,409	1,033	\$105,445
Total (excl. Prescreening)	29,388	\$535,961,876	29,378	\$545,036,533	32,730	\$592,200,100	30,609	\$623,891,796
Total (with Prescreening)	45,042	\$537,374,066	43,154	\$546,301,723	33,894	\$592,318,508	31,642	\$623,997,242

Note: Total numbers are unduplicated; customers may receive multiple services.

Demographics FY17– FY20

AGE	FY17		FY18		FY19		FY20	
	# Customers	% of Total	# Customers	% of Total	# Customers	% of Total	# Customers	% of Total
0 - 20	554	1.89%	690	2.35%	494	1.51%	596	1.96%
21 - 30	2,197	7.48%	2,329	7.93%	2,442	7.46%	2,522	8.31%
31 - 40	2,917	9.93%	3,025	10.30%	3,115	9.52%	3,061	10.08%
41 - 50	4,284	14.58%	4,540	15.45%	4,454	13.61%	4,456	14.68%
51 - 60	9,593	32.64%	10,113	34.42%	9,944	30.38	9,689	31.91%
61+	9,843	33.49%	8,681	29.55%	12,281	37.52%	10,036	33.06%
TOTAL	29,388	100.00%	29,378	100.00%	32,730	100.00%	30,360	100.00%

AVERAGE AGE	53.29	52.32	54.13	52.87

GENDER	FY17		FY18		FY19		FY20	
	# Customers	% of Total	# Customers	% of Total	# Customers	% of Total	# Customers	% of Total
Male	12,884	43.84%	12,799	43.57%	14,245	43.52%	13,178	56.59%
Female	16,504	56.16%	16,579	56.43%	18,485	56.48%	17,182	43.41%
TOTAL	29,388	100.00%	29,378	100.00%	32,730	100.00%	30,360	100.00%

Demographics FY17– FY20

RACE	FY17		FY18		FY19		FY20	
	# Customers	% of Total	# Customers	% of Total	# Customers	% of Total	# Customers	% of Total
White	13,405	45.61%	13,315	45.32%	14,582	44.55%	13,121	43.22%
Black	12,907	43.92%	12,932	44.02%	14,578	44.54%	13,759	45.32%
American Indian	242	0.82%	233	0.79%	262	0.80%	261	0.76%
Asian	561	1.91%	586	2.00%	698	2.13%	805	2.35%
Hispanic	2,144	7.30%	2,182	7.43%	2,773	7.54%	2716	7.93%
Hawaiian	129	0.44%	129	0.44%	159	0.43%	145	0.42%
TOTAL	29,388	100.00%	29,378	100.00%	32,730	100.00%	30,360	100.00%

Summary by DON Score FY 2017 - 2020

FY17					
DON Score	# Cust	% of Cust	Expenditures		Avg. Annual Cost Per Customer
29-32	4,276	14.55%	\$47,013,664	8.77%	\$10,995
33-40	6,495	22.10%	\$86,675,748	16.17%	\$13,345
41-49	5,688	19.35%	\$90,779,681	16.94%	\$15,960
50-59	4,968	16.90%	\$95,163,003	17.76%	\$19,155
60-69	3,653	12.43%	\$83,424,039	15.57%	\$22,837
70-79	2,602	8.85%	\$72,492,116	13.53%	\$27,860
80-100	1,706	5.81%	\$60,413,625	11.27%	\$35,412
Total	29,388	100.00%	\$535,961,876	100.00%	\$18,237
Average DON Score = 49.47					

FY18					
DON Score	# Cust	% of Cust	Expenditures		Avg. Annual Cost Per Customer
29-32	4,501	15.32%	\$50,328,390	9.23%	\$11,182
33-40	6,614	22.51%	\$90,188,284	16.55%	\$13,636
41-49	5,694	19.38%	\$93,699,588	17.19%	\$16,456
50-59	4,918	16.74%	\$97,986,823	17.98%	\$19,924
60-69	3,514	11.96%	\$83,039,942	15.24%	\$23,631
70-79	2,529	8.61%	\$72,851,457	13.37%	\$28,806
80-100	1,608	5.47%	\$56,942,049	10.45%	\$35,412
Total	29,378	100.00%	\$545,036,533	100.00%	\$18,553
Average DON Score = 49.02					

FY19					
DON Score	# Cust	% of Cust	Expenditures		Avg. Annual Cost Per Customer
29-32	3,803	11.86%	\$39,407,644	6.86%	\$10,362
33-40	7,015	21.88%	\$91,804,890	15.97%	\$13,087
41-49	6,356	19.83%	\$98,816,833	17.19%	\$15,547
50-59	5,656	17.65%	\$103,854,257	18.07%	\$18,362
60-69	4,157	12.97%	\$92,590,298	16.11%	\$22,273
70-79	3,015	9.41%	\$81,151,819	14.12%	\$26,916
80-100	2,052	6.40%	\$67,161,240	11.68%	\$32,730
Total	32,054	100.00%	\$574,786,981	100.00%	\$17,932
Average DON Score = 50.41					

FY20					
DON Score	# Cust	% of Cust	Expenditures		Avg. Annual Cost Per Customer
29-32	3,582	11.96%	\$44,741,442	7.26%	\$12,491
33-40	6,767	22.60%	\$102,550,093	16.63%	\$15,154
41-49	5,975	19.95%	\$108,009,857	17.52%	\$18,077
50-59	5,260	17.57%	\$111,654,229	18.11%	\$21,227
60-69	3,863	12.90%	\$98,399,670	15.96%	\$25,472
70-79	2,701	9.02%	\$83,244,304	13.50%	\$30,820
80-100	1,797	6.00%	\$68,033,840	11.03%	\$37,860
Total	29,945	100.00%	\$616,633,435	100.00%	\$20,592
Average DON Score = 50.03					



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DHS 4044 (R-03-17) DRS' Home Services Annual Report FY 18

Printed by the Authority of the State of Illinois. 100 copies P.O.#17-1419 Cost Per Copy \$0.47

